

HOLY CROSS CHILDREN'S SERVICES

A Case Study...

How to Provide the Best Possible Programs and Continually Improve Your Ability to Serve The Children Entrusted in Your Care.

Customer:

Clinton, MI- Since opening their doors in 1948 to help boys from broken homes, Holy Cross Children's Services (HCCS) has grown into a state wide agency with 30 locations serving more than 1,000 children (boys and girls) and their families every day.

HCCS is a faith-based, nonprofit child care and family preservation agency. The agency serves children and families throughout the State of Michigan providing both residential and community-based treatment and support programs.

HCCS focuses on the social, emotional, educational, economic and spiritual needs of clients by empowering staff with the goal of encouraging children and families to function effectively in their community. The agency maintains programs which incorporate peer influence, individual attention, recreation, spiritual development, family involvement, formal education and staff team work.

Challenge:

Over the past 55 years the ability to effectively track the children, families and facilities became more and more of a challenge due to the geographic changes and the growth of the many programs being offered. The ability to aggregate outcome and progress data was complicated by the fact that each facility and program used inconsistent information tracking techniques.

It wasn't until a few years ago the technology became available to connect all of the sites HCCS had grown to become. Drastic changes in technology, including the advent of the internet, brought together many of the programs and their data. Unfortunately, there was still not one method of consistent data collection that would satisfy all of the programs, and could combine the growing need for administrative tools on an agency wide basis.

Journey:

Almost overnight, the challenge was answered when the State of Michigan funded the purchase and tailoring of a case management system for the Family Independence Agency, now known as the Department of Human Services (DHS). The State chose Global Vision Technology's (GVT) FAMCare® as the platform for this new system. This included an offer to private providers to integrate their needs with the full capability of a safe, Internet based client tracking and reporting tool, and a seamless way to input data which the state required.

All of this was offered at little or no cost to the private providers other than the cost of customization to address specific program needs. This provided a tremendous opportunity, which HCCS seized, to work with the State and develop this new system in a way that would offer a data integration and agency wide analysis solution.

Much work was done, and many hours expended, and after a couple of years of effort, the system was operational; however, there were still issues with data ownership and access, and changing regulations to programs specific to HCCS. Because the database was housed by the state, full access by HCCS personnel was limited. This caused some uneasiness, so HCCS decided an internal system would best serve their needs. The problem would be finding this system without abandoning all of the hours invested to develop a system they were very satisfied with from a look and feel, and functionality basis.

Discovery:

HCCS had served as the Beta site during the initial development of the State system. In this capacity, HCCS came to know GVT not only for expertise in case management systems, but also for accounting systems. Eventually, the State was no longer in a position to support HCCS with enhancements necessary to keep pace with changing requirements. Their need for a separate system became even more important when their auditor objected to them having less than 100% control of the data. HCCS contacted GVT to explore the possibility of moving the system in-house. HCCS realized they must invest in the development of their own case management system to provide comprehensive functionality for their IT needs.

In addition to updating the system for changes in policy and procedure, HCCS would now be at liberty to include custom programming specific to their unique needs. These options were constrained in the State version since funds were authorized to underwrite "generic" functions for a broad audience.

About Holy Cross Children's Services:

Holy Cross Children's Services (HCCS) is a nonprofit corporation that offers a wide variety of programs that improve self-confidence and self-worth, instill moral and personal values, and gives boys, girls and their families the skills and support necessary to meet the challenges of tomorrow. Administered by the Brothers of Holy Cross since its inception in 1948 as Boysville, the agency and its 700+ co-workers are guided by its Mission to help all children and their families, regardless of religion, ethnicity, education or economic status.

HCCS makes every effort to coordinate the spiritual, moral, emotional and intellectual growth of every child and family we assist. For most children and families, the agency has a program and a place where families can begin again – and that can mean a brighter future for everyone.

From those humble beginnings, an agency serving nearly 3,000 boys, girls and their families annually has grown to be a beacon of help and hope to tens of thousands of children and families across Michigan.

Today, agency co-workers at nearly 30 sites work with clients from 82% of Michigan's 83 counties each year. The agency offers a variety of different proven program models ranging from short-term, in-home services to long-term residential programs.

While boys and girls are enrolled in HCCS programs, they attend school 260 days of the year. They are actively involved in community service projects such as delivering food to the poor, building wheelchair ramps for the physically challenged, cleaning community areas like cemeteries and parks, visiting the elderly in nursing homes, working on local Habitat for Humanity projects and much more.

But when they leave HCCS programs, what they accomplish is the reason the agency continues. 12 months after leaving their HCCS program:

- **70% are still living in a home environment.**
- **70% are enrolled in school**
- **23% are working**
- **64% are leading a productive lifestyle** (school and/or working)
- **81% are living a legal lifestyle**

For more information, please visit:
<http://www.hccsnet.org>

Solution:

HCCS contracted with GVT to develop a comprehensive, web-based, case management software application that specifically addressed their needs. GVT's subject matter expertise and state of the art software platform provided the perfect basis for the new system.

GVT's FAMCare® platform is designed and built to easily accommodate customizations while protecting the integrity of the core application. This has allowed HCCS to modify forms and functions yet remain compatible with the original data structure in use at the State. The most significant benefit of this compatibility is the ease with which HCCS can electronically transfer data to the State to meet contractual obligations expected of a provider of youth placed by the State.

Treatment Plans, Case Notes, Risk Assessments, and Strengths and Needs Assessment data can now be uploaded from the HCCS system to the State system. Although GVT has customized the version of these forms HCCS uses, the core data remains compatible with the State's database.

When the State system was developed in 2003, the per diem census data "rolled" into a full accounting system for billing. The HCCS in-house version, delivered at the end of 2005, added the ability to roll "fee for service" progress notes into an insurance billing system for Medicaid. The ability to populate the Medicaid preprinted forms automatically without reentry by the accounting staff has greatly reduced the time between services being provided and reimbursement by Medicaid creating better cash flow for the agency. An additional benefit is that services that previously may not have been submitted for reimbursement are now being captured, filed and paid. This module is positioned to grow into a full private insurance billing system for a clinical setting when the need arises and a provider interested in partnering with GVT as a Beta site is available.

In addition, another private provider is using this module for internal tracking of key performance indicators. This allows the agency to set levels of billable hours that are expected by month for whatever license level is applicable for that particular case worker. It also helps track program expectations and results. The benefit is that a wide variety of key performance indicators are easily tracked by agency management.

Implementation:

Implementation was unavoidably bumpy. Circumstances dictated a cut over date that did not allow time to fully prepare and test the in-house system beyond the basics. HCCS and GVT expected issues, but both committed to give priority to work through them as production emergencies.

Priority was placed on getting data imported and validated, census functions operational to feed billing, and billing systems in place. New functions and modifications were pushed to a "post cut over" phase. The hard work paid off. No billing cycle was affected. December 2005 billing was accomplished on the in-house system and the stage was set to enter 2006 with confidence in the ability of the system to handle the tracking of youth services and accounting for the reimbursement of those services.

Early 2006 focused on tweaking the case management applications to include modifying the State version of forms to tailor them to HCCS local needs and create Community Based forms that were not in the State's library. The last area of development was new programming to track youth progress notes and roll this into an insurance billing module. GVT also began migrating its hosted systems to ADO and .net framework mid 2006 and the in-house system at HCCS was included in this initiative.

Results:

As we approach the end of the first year of production, we see a system that is available 24/7 with little support required; a very stable environment, and performance that exceeds expectations. With the system hosted internally, most users can utilize their local network speed, with remote access limited only by the speed available at their location. Remote access also allows users to input information from home.

Staff in the field can generate and submit required state forms into a queue to be reviewed and submitted through a data portal to the State's database making duplicate data entry unnecessary. This allows HCCS to meet State reporting requirements with little or no additional cost of staff time. Full data integrity checks are performed on the information prior to being accepted into the State system. This ensures all information flowing from system to system meet all security requirements and business rules.

The details entered by field staff into the Medical Progress Notes are fed directly into the Medicaid billing module. Now the information is provided by those closest to the treatment and only requires a quick review by accounting staff to create and process this important source of revenue. With reporting tools in the hands of HCCS staff, information requests are met almost immediately, and are placed at the fingertips of the users making the requests.

Reports and data pulls can be then repeated when needed by just changing the criteria. Additionally, with advanced report queuing, reports can be automatically run at any interval, with email notifications sent to any number of users on an as needed or regular basis.

There is no question that the increase in data availability and reporting allowed by the new system has created an environment where outcomes are more easily identified. This ensures that HCCS is providing the best possible programs and continually improving their ability to serve the children entrusted in their care. Although there are financial gains also associated with this system, the ability to provide more effective care is impossible to quantify in terms of dollars and cents.